



Docket No. 675/61020-A/JPW/PJP/WWH

In re application of Michael R. Rosen, et al.

Serial No.: 09/505,458

Examiner: F. Oropeza

Filed : February 11, 2000

Group Art Unit: 3762

For : CARDIAC REMODELING

HONORABLE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

September 17, 2001

S I R:

Transmitted herewith is an amendment to the above identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE FEE | | | | |
|--|-----------------------------------|---|---|---|---|---|------------------------------|-----------------|---|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 60 | - | 60 | = | 0 | X | \$9 | \$18 | = | 0 | 0 |
| Indepen- dent Claims | 9 | - | 9 | = | 0 | X | \$40.00 | \$80.00 | = | 0 | 0 |
| Multiple Dependent Claim(s) Presented _____ Yes <u> X </u> No For First Time | | | | | | | \$135 | \$270 | 0 | 0 | 0 |
| | | | | | | | TOTAL ADDITIONAL FEE \$ 0 | | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter

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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

_____ Please charge Deposit Account No. _____ in the amount of \$ _____. Three copies of this sheet is enclosed.

_____ A check in the amount of _____ is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

 X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.
Assistant Commissioner of Patents
Washington, DC 20201

 9/17/01
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